



RHODE ISLAND EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

Notice of Public Hearing and Public Review of Rules

The Secretary of the Executive Office of Health & Human Services (EOHHS) has under consideration a series of proposed new sections (as well as amendments to existing sections) of the Medicaid Code of Administrative Rules (MCAR) ("Regulations") related to the expansion of the Medicaid Program under the provisions of health care reform statutes. (A summary of the rule changes appears below).

Under the authority granted in the federal Patient Protection and Affordable Care Act of 2010 (ACA) and applicable State law, including Executive Order 11-09, Rhode Island created its own health insurance marketplace and on-line eligibility system, previously referred to as a "health benefit exchange", and elected to expand Medicaid eligibility to the new ACA coverage group of adults, without dependent children, who have income up to 133% of the Federal Poverty Level (FPL). On October 1, 2013 Rhode Islanders interested in obtaining health coverage under this new expansion group began applying through the health insurance marketplace (HealthSourceRI), the Department of Human Services (DHS) field offices or website, and/or the Executive Office of Health and Human Services website (EOHHS). Applicants deemed to be eligible began enrolling in one of two Medicaid health plans during the period from October 1, 2013 to December 31, 2013. Actual coverage begins on January 1, 2014.

There will be no changes in Medicaid coverage until January 1, 2014. The proposed rules seek to accomplish the following:

01. To describe the new income standard that will be used to determine access to coverage for the ACA expansion group beginning on January 1, 2014;
02. To amend existing Medicaid rules to provide for persons participating in Medicaid prior to January 1, 2014;
03. To identify the principal roles and responsibilities of the Medicaid agency and the State with respect to persons seeking eligibility for the new ACA expansion coverage group; and
04. To inform Rhode Islanders of their rights and responsibilities when seeking Medicaid eligibility as a member of the new ACA or existing coverage groups during this same period.

These regulations are being promulgated pursuant to the authority contained in Rhode Island General Laws Chapter 40-8 (Medical Assistance) as amended, including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq.*; Chapter 42-35 of the Rhode Island General Laws, as amended; and Chapter 42-7.2 of the Rhode Island General Laws, as amended.

In the development of these proposed Regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small businesses in Rhode Island. No alternative approach, duplication or overlap, or impact upon small businesses were identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold two Public Hearings on the above mentioned matter on **TUESDAY, 3 DECEMBER 2013** at which time and place all persons interested therein will be heard.

Hearings will be convened as follows:

Tuesday, December 3, 2013 2:00 p.m.	Tuesday, December 3, 2013 6:00 p.m.
Arnold Conference Center 111 Howard Avenue Regan Building Pastore Complex Cranston RI 02920	DaVinci Center 470 Charles Street Providence, RI 02904

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the Regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Steven M. Costantino, Secretary, Rhode Island Executive Office of Health & Human Services, Louis Pasteur Building, 57 Howard Avenue, Cranston, Rhode Island, 02920 or via email to the attention of: eshelov@ohhs.ri.gov.

Interested persons may inspect said Regulations and other related materials on the Rhode Island Secretary of State's website: www.sec.state.ri.us/rules, on the Executive Office of Health & Human Services' website: www.eohhs.ri.gov or at the Executive Office of Health & Human Services, 57 Howard Avenue, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-1575 {via RI Relay 711} or by emailing Eshelov@ohhs.ri.gov.

The Rhode Island Executive Office of Health & Human Services in the Louis Pasteur Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-6266 (hearing/speech impaired, dial 711) at least three (3) business days prior to the Public Hearing so arrangements can be made to provide such assistance at no cost to the person requesting.



Steven M. Costantino, Secretary
Signed this 25th day of October 2013

Significant ACA-Related Changes in the Medicaid Program

The following provides a summary of the major changes in the Medicaid program authorized or mandated by the ACA and the applicable rules in this chapter:

- Consolidation and simplification of Medicaid coverage groups subject to MAGI-based eligibility determinations – MCAR section 1301.
- Elimination of Medicaid eligibility for parents/caretakers with income from 133% to 175% of the FPL – MCAR 1301.
- Expansion of Medicaid eligibility to adults, ages 19 to 64, without dependent children and establishment of a new Medicaid affordable care coverage group – MCAR section 1301.
- Streamlined application process through the automated affordable care eligibility system – MCAR 1303.
- Standardization of Medicaid eligibility requirements for MACC coverage groups – MCAR Section 1305.
- Establishment of passive renewal process for making determinations of continuing eligibility – MCAR section 1306.

- Implementation of the MAGI-based income standard – MCAR section 1307.
- Automated verification of eligibility requirements through federal and State data sources – MCAR section 1308.
- Elimination of premiums in the RItE Care managed care delivery system and redefinition of RItE Care coverage groups – MCAR section 1309.
- Enrollment of the MACC coverage group for adults without dependent children in a Rhody Health Partners managed care plans with a modified benefit package – MCAR section 1310.
- Modifications of the managed care enrollment system to complement changes in the application and eligibility determination processes – MCAR section 1311.
- Changes in the RItE Share premium assistance program to complement ACA initiatives, remove premiums, and add a buy-in requirement – MCAR section 1312.
- Extension of the Communities of Care requirement to MACC expansion group – MCAR section 1314.
- Implementation of a limited subsidy program for parents/caretakers with income from 133% to 175% of the FPL who are no longer eligible for Medicaid affordable care coverage – MCAR section 1315.

State of Rhode Island and Providence Plantations

Executive Office of Health & Human Services



Access to Medicaid Coverage Under the Affordable Care Act

Section 1307:

“MAGI” Income Eligibility Determinations

October 2013 (Proposed)

Rhode Island Executive Office of Health and Human Services
Access to Medicaid Coverage Under the Affordable Care Act
Rules and Regulations Section 1307:
“MAGI” Income Eligibility Determinations

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Introduction

These rules related to **Access to Medicaid Coverage Under the Affordable Care Act, Section 1307 of the Medicaid Code of Administrative Rules entitled, ““MAGI” Income Eligibility Determinations”** are promulgated pursuant to the authority set forth in Rhode Island General Laws Chapter 40-8 (Medical Assistance), including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; and the Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq.*

Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, duplication or overlap was identified and these regulations are promulgated in the best interest of the health, safety, and welfare of the public.

1307 “MAGI” Income Eligibility Determinations

1307.01. Scope and Purpose

To implement the federal Affordable Care Act (ACA), Rhode Island took the option under the law to establish its own new web-based eligibility system with the capacity to determine whether an individual or family qualifies for affordable health care coverage paid for by Medicaid or in whole or in part by federal tax credits or other subsidies. The Executive Office of Health and Human Services (EOHHS), the Medicaid Single State Agency, and the recently established Rhode Island Health Benefits Exchange, known as [HealthSourceRI](#) (HSRI), are using this new eligibility system to make determinations for all forms of affordable coverage available under the ACA, including Medicaid.

One of the principal goals of the ACA is to improve access to affordable coverage by simplifying and streamlining the application and eligibility determination process. Toward this end, the Act established a distinct income standard – Modified Adjusted Gross Income or MAGI – to determine eligibility for affordable coverage across payers (e.g., Medicaid, tax credits, state subsidies, employers) and populations (families, pregnant women, children, adults without children). Effective January 1, 2014, the MAGI standard will be used to determine eligibility for all New applicants for Medicaid coverage in the Medicaid Affordable Care Coverage (MACC) groups identified in section 1301 of the Medicaid Code of Administrative Rules (MCAR). The process for applying for Medicaid affordable coverage using the new eligibility system is located in MCAR section 1303.

The purpose of this rule is to: describe the MAGI and explain how it will be applied; and establish the role and responsibilities of the Medicaid agency and consumers when determining MAGI-related eligibility.

1307.02. Definitions

“Advance payments of the premium tax credit (APTC)” means payment of the federal health insurance premium tax credit on an advance basis to an eligible person enrolled in a qualified health plan through a health insurance exchange.

“Affordable Care Act (ACA)” means the federal Patient Protection and Affordable Care Act of 2010. The law is also sometimes referred to as “Obamacare” and federal health reform.

“APTC/CSR eligibility” APTC/CSR eligibility means the application of the IRS-based measure of income known as “Modified Adjusted Gross Income” for determining eligibility for affordable health care through health insurance exchanges/marketplaces established under the ACA. Also, APTC means advanced premium tax credits and CSR means cost sharing reductions.

“Attestation” means the act of a person affirming through an electronic or written signature that the statements the person made when applying for Medicaid eligibility are truthful and correct.

“Caretaker or caretaker relative” means any adult living with a Medicaid-eligible dependent child that has assumed primary responsibility for that child as defined in MCAR section 1305.13.

“Current Household Monthly Income” means average monthly income from all members determined to be part of the household, received from all sources, and derived during the six-month period ending on the last day of the month preceding application date.

“Custodial parent” means a relationship that is defined by a court order or binding separation, divorce or custody agreement establishing physical custody of a minor child. If no order or agreement exists, or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

“Federal poverty level” or **“FPL”**, as used herein, means the most recently published federal poverty level by the U.S. Department of Health and Human Services.

“MAGI” means modified adjusted gross income, adjusted by any amount excluded from gross income under section 911 of the IRS Code, and any interest accrued. Social Security benefits are not included in gross income.

“Medicaid Affordable Care Coverage (MACC) Group” means a classification of persons eligible to receive Medicaid based on similar characteristics who are subject to the MAGI standard for determining income eligibility beginning January 1, 2014.

“Medicaid Code of Administrative Rules (MCAR)” means the compilation of rules governing the Rhode Island Medicaid program promulgated in accordance with the State’s Administrative Procedures Act (R.I.G.L. §42.35).

“Medicaid member” means a person who has been determined to an eligible Medicaid beneficiary.

“New Applicant” means an individual or family that was not enrolled in and receiving Medicaid coverage on the January 1, 2014, effective date this rule. The term does not apply to individual and families who were receiving coverage and where disenrolled for any reason; nor does it apply to parents with income between from 133% to 175% of the FPL who lost eligibility for Medicaid coverage beginning on January 1, 2014 as a result of the eligibility roll-backs mandated under RI law (see Public Law 13-144, section 40-8.4-4 of the Rhode Island General Laws, as amended).

“Non-MAGI Coverage Group” means a Medicaid coverage group that is not subject to the Modified Adjusted Gross income eligibility determination. Includes Medicaid for persons who are aged, blind, or with disabilities and in need of long-term services and supports (LTSS) as well as individuals who qualify for Medicaid based on their eligibility for another publicly funded program, including children in foster care and anyone receiving Supplemental Security Income (SSI) or participating in the Medicare Premium Payment Program.

“Relationship-based Household Rules” means the Medicaid household composition rules that consider the living and familial relationships of the applicants without regard to their taxpayer household. Special Medicaid household composition rules result in exceptions to general application of the MAGI Standard.

1307.03. Applicability of the MAGI Income Standard.

On January 1, 2014, individuals and families seeking affordable health coverage may be eligible for

a Medicaid-funded plan if they meet requirements set forth in MCAR section 1305 and the MAGI income standard for the program established in this rule.

01. Subject to the MAGI - Until January 1, 2015, this rule applies only to NEW APPLICANTS in the following Medicaid Affordable Care Coverage (MACC) groups:

- (01) Families and Parents/Caretakers with income up to 133% of the Federal Poverty Level (FPL). Includes families and parents/caretakers who live with and are responsible for dependent children under the age of 18 or 19 if enrolled in school full-time to age 19.
- (02) Pregnant Women with income up to 253% of the FPL – Includes women during pregnancy and the sixty (60) day postpartum period beginning on the date the pregnancy ends.
- (03) Children and Young Adults with income up to 261% of the FPL – Includes infants, children and young adults up to the age of 19.
- (04) Adults 19-64 without children with income up to 133% of the FPL– Includes adults without dependent children if they are:
 - Over age 19 years and under age 65;
 - Not pregnant;
 - Not entitled to or are not enrolled in Medicare Part “A” or “B” benefits;
 - Not otherwise eligible for and /or enrolled in another coverage group; and
 - In a household with income that is at or below 133 percent of the FPL.

A detailed description of each of these Medicaid coverage groups is located in MCAR section 1301; eligibility criteria are established in MCAR 1305.

02. Exempt from the MAGI --The MAGI income eligibility standards IS NOT applicable to:

- (01) Any persons who are enrolled and receiving Medicaid coverage on January 1, 2014. These enrollees will not be subject to the MAGI until their continuing eligibility for Medicaid is renewed in accordance with MCAR section 1306 after January 1, 2015. Any such enrollees who lose Medicaid during this one year period due to a change in an eligibility factor such as age or income will be subject to the MAGI if they reapply for coverage anytime after January 1, 2014.
- (02) Parents with income between 133% and 175% of the FPL under Rhode Island law (see Public Law 13-144, section 40-8.4-4 of the Rhode Island General Laws, as amended) are subject to the MAGI if seeking non-Medicaid subsidized coverage as indicated in MCAR section 1315.
- (03) Any persons eligible for Medicaid based on participation in another program or that the Medicaid agency is not whom the state agency is not required to make an income determination, such as adoption assistance, Supplement Security Income beneficiaries;

- (04) Persons seeking eligibility under MCAR sections 0351 Or 0374 who are 65 and older or who are seeking eligibility based upon , blindness, or a disability;
- (05) Persons seeking eligibility under MCAR section 0378 who need long-term services and supports in an institutional or home or community based setting;
- (06) Persons seeking eligibility as “medically needy” due to excess income; and
- (07) Persons eligible for Medicare cost-sharing assistance through the Medicare Premium Payment Program.

1307.04 MAGI Household Construction

Applications for MACC groups are processed by the new eligibility system. The system can be accessed directly on-line through the links on the EOHHS or DHS websites, the HSRI website, the Contact Center or kiosks located at Department of Human Services (DHS) field offices. Details of the application process are located in MCAR section 1303. Eligibility is determined through the electronic eligibility system as indicated in this rule and MCAR section 1308. The eligibility system uses this information to both assess whether an applicant meets residency, citizenship and other such requirements and perform all MAGI calculations. The principal factor for determining MAGI-based eligibility is household composition and size base on the rules for household construction.

- 01. Household composition and size --The ACA requires that states use the same household composition rule when determining eligibility for all forms of affordable care, including Medicaid. In general, the applicant’s household members are identified as part of the application process; income is then determined by comparing the standards cited below with the FPL for a household of the same size. There are certain areas in which the APTC/CRS and Medicaid household construction rules are required to diverge to ensure access.
- 02. General rules of household construction -- For the purposes of calculating MAGI, a household consists of an applicant and the people in the applicant’s family who are claimed as a deduction for a personal exemption when filing federal income tax. Under IRS rules, the taxpayer may claim a personal exemption deduction for him/herself, a spouse, and tax dependents.
- 03. Special Medicaid rules of household construction – The following rules for constructing a household are applied when making MAGI-based Medicaid eligibility determinations:
 - (01) “Relationship-based” rules are used when an applicant is not filing taxes or is a custodial parent who, although living with a child, does not claim that child as a dependent for federal income tax purposes.
 - (02) Medicaid household rules are “individual specific” within a family. Therefore, a Medicaid household must be constructed for each person within a family
 - (03) For married couples living together, each spouse must be included in the household of the other spouse, regardless of whether they expect to file a joint federal tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

Married same-sex couples must be included in each other's household whether they file separately or jointly.

- (04) If a pregnant woman is applying for coverage or is part of another applicant's household, the household size must be adjusted to reflect the number of children that she is expecting. Specifically, the pregnant woman is counted as one plus the number of children she expects to deliver. This pregnancy-adjusted household size must be used to determine the applicable FPL used when assessing Medicaid eligibility.

1307.05 Exceptions Requiring Application of Relationship-Based Rules

Relationship-based household composition rules must be applied when an applicant meets the criteria for an exception from the tax-based household rules. These alternative relationship-based rules must be used to determine both household size and the income of the household members included as part of total household income.

01. Relationship-based rules --The household is determined based upon the family members who live with the applicant. The rules vary slightly for children versus adults.

- (01) Adults. The relationship-based rules for adults require that the household consist of the following individuals:

- The adult applying for coverage;
- The applicant's spouse, if living with the applicant;
- The applicant's natural, adopted, and step-children under age 19 years, if living with the applicant.

- (02) Children under age 19. The relationship-based rules for minor children require that the household consist of the following individuals:

- The child applying for coverage; any of the child's parents (including step-parents), if living with the child;
- Any of the child's siblings (including step-siblings), if living with the child.

02. Triggers --The exceptions that trigger the use of relationship-based rules are as follows:

- (01) Applicant is not planning to file taxes. The relationship-based rules are used for applicants who do not plan to file taxes and who do not expect to be claimed as a tax dependent by another tax filer. For example, some very low-income people do not plan to file taxes because they do not meet the tax filing threshold. Full information on who is required to file taxes under federal law is located in IRS Publication 501 (IRS Publication 501 is available at: http://www.irs.gov/publications/p501/ar02.html#en_US_2012_publink1000220851).

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(02) Tax dependents meet specified criteria. In situations in which an applicant will be claimed as a tax dependent on another person's federal tax form, the relationship-based rules apply if the tax dependent meets any of the following criteria:

- Applicant is claimed or expects to be claimed by a grandparent or other relative who is not is not the applicant's parent or step-parent.
- Child lives with both parents, but only one parent will claim the child as a tax dependent. If the applicant is a child up to age 19 living with two parents, but only one parent plans to claim the child as a tax dependent, then the relationship-based rules apply.
- Child lives with a custodial parent, but will be claimed as a tax dependent by a non-custodial parent, the relationship-based rules must be used to construct the child's household. This ensures that custodial parents can apply for and secure MAGI Medicaid coverage on behalf of the children who live with them and for whom they are responsible. A custodial parent is defined by a court order or binding separation, divorce or custody agreement establishing physical custody. If no order or agreement exists, or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights

Summary of Application of Relationship-Based Rules
Applicant is not planning to file taxes
Individual is claimed by a grandparent or other relative who is not a parent
Child lives with both parents, but only one parent will claim the child as a tax dependent
Child lives with a custodial parent, but will be claimed as a tax dependent by the non-custodial parent

1307.06 Determination of Household Income

To be eligible for Medicaid using the MAGI standards, an applicant's current monthly household income must meet the standard applicable to the applicant's MACC group when converted to the federal poverty level as shown below:

MACC Groups	FPL Eligibility Threshold
Adults	133%
Children and Young Adults	261%
Families	133%
Pregnant Women	253%

When calculating whether an applicant is income-eligible for Medicaid under one of these coverage groups, the following factors must be considered: the members of the applicant's household that must be included; types of countable income; current income and reasonably predicted changes; and conversion of monthly income to the federal poverty level (FPL) standards.

01. Countable household income --There are several differences in the way certain types of income are treated when using the MAGI for Medicaid eligibility just as there are with the rules of household construction. The subsection below identifies all forms of countable income

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included when determining MAGI-based Medicaid eligibility, including those that are specific to Medicaid eligibility only.

- (01) **Adjusted Gross Income (AGI).** Adjusted gross income is gross income adjusted by “above-the-line” deductions. AGI includes wages and salaries and income from a broad array of other sources, such as unemployment benefits, alimony, taxable interest, and capital gains. “Above-the-line” deductions are the adjustments people can make to their gross income. These include alimony payments, interest on student loans, and other items that appear on page one of Form 1040. However, they do not include charitable contributions, mortgage interest and other “below-the-line” deductions.
- (02) **Social Security benefits.** All Social Security income benefits are considered countable income when using the MAGI to determine eligibility for affordable coverage. This includes Social Security benefits that considered both taxable and non-taxable income for federal tax purposes.
- (03) **Interest Income.** Income received from bank accounts, money market accounts, certificates of deposit, and deposited insurance dividends are considered countable taxable income. Additionally, interest on some bonds issued by and used to finance state and local government operations is also counted for the MAGI even though treated as tax-exempt for federal tax purposes.
- (04) **Foreign earned income.** Foreign earned income is countable for the MAGI. This includes all income received from sources within a foreign country or countries earned for services when either performed by: a U.S. citizen and a bona fide resident of a foreign country for an uninterrupted period of time that includes an entire tax year; or a U.S. citizen or resident who, during any period of 12 consecutive months, is present in a foreign country for at least 330 full days during that period.
- (05) **Medicaid specific adjustments to income.** Special Medicaid adjustments are as follows:
- Lump sum payments (i.e., gifts, prizes, income and property tax refunds) are counted only in the month received.
 - Educational scholarships, awards or fellowships used for education purposes are excluded from consideration as income.
 - Certain types of income for American Indian/Alaska Native individuals are excluded.
 - Treatment of other sources of income for Medicaid eligibility are summarized in the table that follows:

MAGI-Based Medicaid Eligibility Rules	
Income Source	Treatment of Income on and after January 1, 2014
Self-employment income	Counted with deductions for most expenses, depreciation, and business losses

MAGI-Based Medicaid Eligibility Rules	
Income Source	Treatment of Income on and after January 1, 2014
Salary deferrals (flexible spending, cafeteria and 401(k) plans	Not counted
Child support received	Not counted
Alimony paid	Deducted from income
Veterans' benefits	Not counted
Workers' compensation	Not counted
Gifts and inheritances	Not counted
TANF and SSI	Not counted

02. Household members included in MAGI calculation -- In general, the MAGI income of all individuals in an applicant's household must be counted toward household income with the following two exceptions:

- (01) Exception for the income of children. Unless a child is "expected to be required" to file a tax return, a child's income is not counted toward household income. The child's income does not count as part of household income when evaluating both the child's eligibility and the eligibility of other household members. This treatment of children's income also applies to adult children -- not just those under age 19 -- if they are tax dependents
- (02) Exception for the income of most other dependents. The income of dependents who are not children or spouses is included as countable in the household income of the person who is claiming them (i.e., the claiming tax filer) only if they "are expected to be required" to file a tax return. The exception for most other tax dependents does not apply to spouses who are claimed as a tax dependent.

These exceptions are based on whether or not a person is "expected" to be required to file a tax return; it does not matter whether they eventually do so or not.

- 03. Use of current income & accounting for reasonably predicted changes -- For new Medicaid applicants, the Medicaid agency must use a household's current monthly income and household size when evaluating eligibility. A prorated portion of reasonably predictable changes in income, if there is a basis for anticipating the changes, such as a signed contract for employment, a clear history of predictable fluctuations in income, or other indications of future changes in income may be considered in determining eligibility. Future changes in income and household size must be verified in accordance with the verification and reasonable compatibility requirements are delineated in MCAR section 1308.
- 04. Comparing household income to the Federal Poverty Level (FPL) -- To determine income eligibility for Medicaid based on the MAGI calculation, the Medicaid agency must compare a household's current monthly income to the FPL guidelines for the appropriate household size. The Medicaid agency must use the most recently published FPL level in effect in the month during which an applicant applies for coverage. If an applicant's FPL level is within five (5) percentage points over the FPL for the coverage group for which they would be eligible, a

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disregard of five (5) percentage points of the FPL shall be added to the highest income eligibility standard listed above for that coverage group.

1307.07. For Further Information or to Obtain Assistance

01. Applications for affordable coverage are available online on the following websites

- www.eohhs.ri.gov
- www.dhs.ri.gov
- www.HealthSourceRI.com

02. Applicants may also apply in person at one of the Department of Human Services offices or by U.S. Mail. Request an application by calling 1-855-447-7747.

03. For assistance finding a place to apply or for assistance completing the application, please call: 1-855-609-3304 or 1- 855-840-HSRI (4774).

1307.08. Severability

If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.